IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

US Pat No. 6,846,807; Issued Jan 25, 2005

Serial No. 10/627,451; Filed: July 25, 2003

Inventor: Graff et al

Docket No. UTSD:0980

Title: *Colorectal Neoplasia*

Customer No. 23379

Confirmation No. 3438

Group Art Unit:1623

Examiner:Khare, Devesh

CERTIFICATE OF TRANSMISSION
I hereby certify that this corr is being transmitted by facsimile to the Comm for Patents 703-872-9306 on March 3, 2005.

Signed _____
Richard Aron Osman

REQUEST FOR CERTIFICATE OF CORRECTION UNDER 37 CFR 1.322

Mail Stop CERTIFICATE OF CORRECTION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

The Assignee of this Patent requests that the Commissioner issue a certificate of correction in this Patent. The Office erroneously neglected to print the authorized Examiner's amendments in the Notice of Allowability dated Oct 21, 2004 (p.2-3, attached). In particular, the Examiner amended claims 5, 6, 12 and 13 (renumbered from original claims 5, 7, 13 and 14) as shown on the attached PTO/SB44.

Accordingly, please correct the Patent cover sheet as indicated on the attached Form PTO/SB/44. This correction includes no new matter.

Although an Office oversight introduced the error in the issued Patent, as a procedural precaution, Applicants alternatively submit this request under 37CFR1.323. The Commissioner is authorized to charge any fees or credit any overpayments associated with this communication to our Deposit Account No. 19-0750 (order no. UTSD:0980).

Respectfully submitted,
SCIENCE & TECHNOLOGY LAW GROUP

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enc. Notice Allowability dated 10-21-04, p.2-3 (2p).
PTO/SB44 (1p)

PTO/SB/44 (04-04)
Approved for use through 04/30/2007. OMB 0651-0033
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(Also Form PTO-1050)

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,846,807

DATED : Jan 25, 2005

INVENTOR(S) : Jonathan Graff & Matthew Wieduwilt

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 1, line 4, the "determining" step should read:
determining a patient is subject to colorectal neoplasia, or has undergone removal or ablation of a colorectal neoplasia; and

Claims 5, 6, 12 and 13 should read as follows:

5. The method of claim 1, wherein the patient has undergone removal or ablation of a colorectal neoplasia.

6. The method of claim 1, wherein the aminoglycoside antibiotic is selected from the group consisting of: Amikacin, Gentamicin, Kanamycin, Neomycin, Netilmicin, Paromomycin, Streptomycin, and Tobramycin.

12. The method of claim 1, wherein the delivering step is effected by delivering a constant dosage of the aminoglycoside.

13. The method of claim 1, wherein the delivering step is effected by delivering a varying dosage of the aminoglycoside.

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PATENT NO. 6,846,807

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Applicant's remarks filed on 06/24/04 in response to the Office Action dated 02/25/04 are acknowledged.

The rejection of claims 1-5 and 7-17, under 35 U.S.C., 112, second paragraph, has been overcome through the examiner's amendments.

A Declaration under 37 C.F.R. 1.132, executed by Jonathan Michael Graff, the inventor of the present application has been entered.

The examiner withdraws the 35 U.S.C. 103(a) rejections, as being unpatentable over Flotte et al. in view of Hu et al. in response to applicant's remarks that "The Hu patent does not suggest to those skilled in the art that such enterically delivered aminoglycosides could provide effective therapy for colorectal neoplasia, and Flotte's method for using high-pressure impulse transients to promote drug delivery does not somehow complement Hu to provide such suggestion".

1. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given by Richard Osman on 10/13/04.

(1) Claims 6 and 18-20 have been cancelled without prejudice.

(2) Claims 16 and 17 depend from claim 15.

(3) Claims 1,5,7,13 and 14 have been amended as following:

1. (Currently Amended) A method of reducing development of colorectal neoplasia in a patient subject or predisposed to colorectal neoplasia, the method comprising the steps of:

determining a patient is subject ~~or predisposed~~ to colorectal neoplasia, or has undergone removal or ablation of a colorectal neoplasia; and

enterically delivering into the gut of the person an effective amount of an aminoglycoside antibiotic having poor gut absorption, whereby the development of the colorectal neoplasia is reduced as compared with otherwise similar non-treated patients.

5. (Currently Amended) The method of claim 1, wherein the patient has undergone removal or ablation of a colorectal neoplasia ~~and is determined to be predisposed to colorectal neoplasia recurrence~~.

7. (Currently Amended) The method of claim 1, wherein the aminoglycoside antibiotic is selected from the group consisting of: Amikacin (~~Amikin®~~), Gentamicin (~~Garamycin®~~), Kanamycin (Kantrex®), Neomycin (~~Mycifradin®~~), Netilmicin (~~Netromycin®~~), Paromomycin (~~Humatin®~~), Streptomycin, and Tobramycin (~~TOBI Solution®, TobraDex®, Nebcin®~~).

13. (Currently Amended) The method of claim 1, wherein the delivering step is effected by delivering a constant ~~over time~~ dosage of the aminoglycoside.

14. (Currently Amended) The method of claim 1, wherein the delivering step is effected by delivering a varying ~~over time~~ dosage of the aminoglycoside.

Claims 1-5 and 7-17 are currently pending in this application.

Claims 1-5 and 7-17 are allowed.

2. The following is an examiner's statement of reasons for allowance: The instant claims are directed to a method of reducing development of colorectal neoplasia in a patient subject or predisposed to colorectal neoplasia comprising the steps of : determining a patient is subject to colorectal neoplasia, or has undergone removal or ablation of a colorectal neoplasia; and enterically delivering into the gut of the person an effective amount of an aminoglycoside antibiotic having poor gut absorption, whereby the development of the colorectal neoplasia is reduced as compared with otherwise